

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 11
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Champion Coach			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 145 Ben Hamby Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4220.83</div>		
City Greenville	State SC	Zip Code 29615	Transaction ID : SE.9903		
Purpose of Expenditure Bus rental		Category/Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4220.83</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Champion Coach			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 145 Ben Hamby Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4220.83</div>		
City Greenville	State SC	Zip Code 29615	Transaction ID : SE.9904		
Purpose of Expenditure Bus rental		Category/Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate RODNEY LELAND BLUM		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4220.83</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8441.66</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature